

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

☒ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 Pages

AGREEMENT NUMBER

S0450001

REGISTRATION NUMBER

AMENDMENT NUMBER

5

1. This Agreement is entered into between the State Agency and Contractor named below:

STATE AGENCY'S NAME

Department of Personnel Administration

CONTRACTOR'S NAME

Managed Health Network (MHN)

2. The term of this

Agreement is July 1, 2004 through June 30, 2012

3. The maximum amount of this \$ 30,102,420.00

Agreement after this amendment is: Thirty Million One Hundred Two Thousand Four Hundred Twenty Dollars and Zero Cents

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Agreement S0450001 between the Department of Personnel Administration and Managed Health Network, approved by the Department of General Services on July 2, 2004 and amended on September 14, 2006, June 22, 2007, June 13, 2008 and again on March 9, 2010, is hereby further amended to extend the Agreement for time and amended to reflect changes in fees as negotiated.

An additional \$4,357,500.00 has been added to the amount of the existing contract. The additional dollars are necessary to absorb a yearly price adjustment related to changes in fees and fluctuations in employee participation.

The following language has been added and is further made apart of this agreement:

Exhibit A, Attachment 2, Fee for Service Rates

1 Page

Exhibit B, Attachment 1, Fixed Monthly per Employee Rate

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All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Managed Health Network

BY (Authorized Signature)

DATE SIGNED (Do not type)



4-8-11

PRINTED NAME AND TITLE OF PERSON SIGNING

Juanell Hefner, President

ADDRESS

2370 Kerner Blvd.
San Rafael, CA 94901**STATE OF CALIFORNIA**

AGENCY NAME

Department of Personnel Administration

BY (Authorized Signature)

DATE SIGNED (Do not type)



4/11/11

PRINTED NAME AND TITLE OF PERSON SIGNING

Ronald Yank, Director

ADDRESS

1515 S Street, North Building, Suite 400
Sacramento, CA 95811

CALIFORNIA
Department of General Services
Use Only

☒ Exempt per: PCC 10295 (c)(4)
Employee Benefit

**EXHIBIT A2
FEE-FOR-SERVICE RATES**

<u>Service</u>	<u>Rate Per Session</u>
Specialized Supervisor/Manager Training	\$567.00
Employee Orientation	\$410.00
Stress Assessment and Management	\$231.00
MHN EAP Training Courses	\$410.00

Note: Rates include travel.

<u>CISD</u>	<u>Rate Per Session</u>
Face to Face Group Session	\$289.00
Face to Face Individual Session	\$194.00
Telephonic Session	\$100.00

<u>Training</u>	<u>Rate Per Session</u>
Development Time	\$263.00
Delivery Time	\$357.00
Manager Follow-up	\$357.00

Note: Rates include travel.

EXHIBIT B
(Standard Agreement)

BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit B1, Fixed Monthly Per Employee Rate, page 1 of 1, shall now read:

Contract Year	Service Level 1	Service Level 2	Service Level 3
2008/2009	\$2.82	\$1.23	\$.81
2009/2010	\$2.91	\$1.27	\$.83
2010/2011	\$2.91	\$1.27	\$.83
2011/2012	\$3.06	\$1.33	\$.87